

**The experiences of midwives working with removal of
newborns for child protection concerns in NSW,
Australia: Being in the headspace and heart space.**

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Certificate of Original Authorship

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student:

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Abstract

Title

The experiences of midwives working with removal of newborns for child protection concerns in NSW, Australia: Being in the headspace and heart space.

Background

The aim of this study was to explore the experiences of midwives who had been involved in the assumption of care of a newborn baby at birth or the early postnatal period. An assumption of care occurs when, on reasonable suspicion, by NSW Community Services, a newborn is at risk of serious harm and it is not in the best interests of the infant to go home with their parent(s) or carer(s) and the child is removed into care. Assumption of care of a newborn is a challenging professional activity for all involved. This is particularly so, for midwives, who by the very nature of their role, work in partnership with the woman. There is no Australian and very limited international research to inform midwives in this area of practice.

Method

A qualitative descriptive approach was used to explore the experiences of ten midwives who had been involved with the assumption of care of a newborn. In-depth interviews were undertaken using semi-structured questions. Thematic analysis was undertaken to identify themes.

Findings

Three overarching themes were elicited. The first 'Being in the Headspace' represented the activities, tasks and/or processes the midwives had to engage in when involved in an assumption of care. Main themes included; *An outsider in the relationship: Working with Community Services*; and *The actual assumption of care*. The second overarching theme, 'Being in the Heart space' described the emotional impact on midwives, as well as their perceptions on how women were affected. Main themes included; *Seeing it through the woman's eyes: How the midwives perceived women feel*; and, *Sharing the emotional roller coaster: How the midwives feel*. The final overarching theme, titled 'Helping make a difference to the head and heart space', described what midwives considered helped negotiate the actual processes and emotional impact of their involvement in an assumption of care.

Conclusions and Implications

This research highlights the need to better prepare midwives for the complex and potentially traumatic experience of being involved in the assumption of care of a newborn. Midwives described feeling unprepared and unsupported, in both the processes involved, as well as the highly charged emotional impact of experiencing an assumption of care. Midwives were confronted by this profound emotional work and described experiencing professional grief, similar to that felt when caring for a woman having a stillbirth. Specifically designed ways of educating and improving support mechanisms for midwives around assumption of care need to be established and evaluated.

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